

Mar. 14. 2006 5:47PM Collyard

No. 0048 P. 5

**PART B - FEE(S) TRANSMITTAL**

MAR 14 2006

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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/895,110	28 October 2003	Paul J. Wang	0E-040105US	4836

**TITLE OF INVENTION:**

Cardiac ablation system and method for treatment of cardiac arrhythmias and transmyocardial revascularization

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	no	\$1400	\$300	\$1700	14 March 2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
Rosiland S. Rollins	3739	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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(A) NAME OF ASSIGNEE

New England Medical Center

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boston, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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Date 14 March 2006

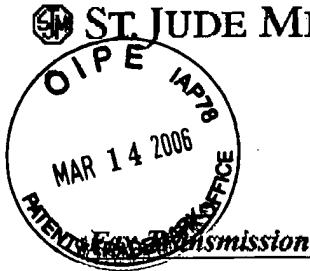
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Reed R. Heimbecher, Esq.

Registration No. 36,353

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**From:** Reed R. Heimbecher

**Company:** United States Patent and  
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**Pages:** 5

**Fax:** (571) 273-2885

**Date:** 03/14/2006

**Phone:**

**Re:** Application no.: 10/695,110  
Attorney docket no.: 0E-040105US;  
Previous docket no.: 003-008-C2

**Message:**

**Enclosures:**

1. Certificate of Transmission under 37 CFR 1.8 (1 page);
2. Transmittal Form (1 page);
3. Credit Card Payment Form (1 page); and
4. Part B - Fee(s) Transmittal - Issue Fee (1 page).

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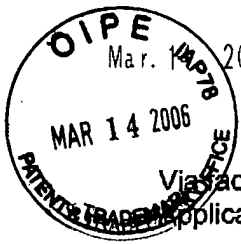
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No. 0048 P. 2

Via facsimile no.: (571) 273-2885  
Application no.: 10/695,110

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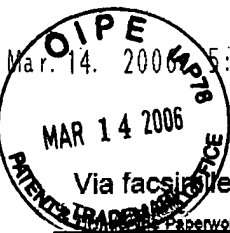
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<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/695,110
	Filing Date	28 October 2003
	First Named Inventor	Paul J. Wang
	Art Unit	3739
	Examiner Name	Rosiland S. Rollins
Total Number of Pages in This Submission	Attorney Docket Number	0E-040105US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	St. Jude Medical, Atrial Fibrillation Division, Inc.		
Signature			
Printed name	Reed R. Heimbecher		
Date	14 March 2006	Reg. No.	36,353

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